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ABSTRACT

Numerous counseling needs are generated in the aftermath of school crises, particularly crises involving school violence. Meeting these needs can be assisted when school psychologists involve classroom teachers in the planning and implementation of crisis counseling. This paper provides information about a crisis counseling intervention model (Mini-marathon Groups) that was developed by Terr (1992). It states that this model is particularly suitable for school psychologists to use when providing crisis training and consultation to classroom teachers. The Mini-marathon Group has five components: (1) providing facts and dispelling rumors, (2) sharing stories, (3) sharing symptoms, (4) empowerment, and (5) closure. The paper suggests that the use of this model will facilitate the goal of helping students work their way through the process of recovery. (Author/JDM)



CLASSROOM CRISIS COUNSELING IN THE AFTERMATH OF SCHOOL VIOLENCE

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Paper Presentation at Louisiana School Psychologists Association

Lafayette, Louisiana (November 1999)

Running Head: Crisis Counseling

ABSTRACT

Title: Classroom Crisis Counseling in the Aftermath of School Violence

Author: Norma Jean Paris, Ph.D.

Presentation: Louisiana School Psychologists Association Annual Convention

Lafayette, Louisiana (November 1999)

Numerous counseling needs are generated in the aftermath of school crises, particularly crises involving school violence. Meeting these needs can be ameliorated when school psychologists involve classroom teachers in the planning and implementation of crisis counseling. The collaboration will increase the number of school crisis responders in a school district. This presentation provides information about a crisis counseling intervention model (Mini-marathon Groups) which was developed by Terr (1992). This model is particularly suitable for school psychologists to use when providing crisis training and consultation to classroom teachers. The Mini-marathon Groups model contains five components which are 1) providing facts and dispelling rumors, 2) sharing stories, 3) sharing symptoms, 4) empowerment, and 5) closure. The use of this model will facilitate the goals of helping students to work their way through the process of recovery and to encourage them to look toward the future. Students can be reassured that they are not walking their journey through trauma alone.



Classroom Crisis Counseling in the Aftermath of School Violence Introduction

This is a brief overview of how the information for this presentation came to be compiled. At their national conventions, the National Association of School Psychologists (NASP) has been providing workshops and information about school crises for several years. However, upon returning to our school district, we were not successful in generating interest in sharing the information that we obtained. After the Oklahoma bombing and some school violence tragedies got publicity, there was some interest; however, the prevailing attitude seemed to be that a major crisis would not happen locally, so we really did not have to be all that concerned.

After much pushing on the part of several school psychologists, permission was obtained to provide parish-wide workshops in January of 1999. A crisis manual was compiled and each school was encouraged to send a representative for crisis training. The security personnel were highly represented; however, the attendance of school administrators was sparse. But in April of 1999, the tragic Columbine High School event occurred. So when school psychologists conducted a workshop on school violence in June, even though school was out, attendance was very good. There were several teachers who attended. They expressed their feelings about teachers not having been sent as representatives to the January crisis training because, as they noted, they spend more time with the students than anyone else in the schools. The teachers especially wanted to know what to do in regard to aftercare when the students are back in class and are trying to cope emotionally with the aftermath of school crises.

I had heard the same concerns expressed by some teachers in Littleton, Colorado. It so happened that a month after the tragedy happened in Littleton, I was invited to a wedding reception there. In the midst of the beauty of this community surrounded by majestic mountains, there was Columbine High School, which was still a crime scene with the yellow tape and police surveillance. In our local



news, the focus had been on the deaths. But that was not the whole story – the lives of many survivors had been shattered forever, both physically and emotionally. It was obvious that the event had impacted the entire community. At the wedding reception, I met some elementary teachers in Littleton who talked about their fears and how difficult it was to know what to do or say when students returned to school.

Mini-marathon Groups

According to an article written by school psychologist Stephen Brock which was published in the Communique in the summer of 1996, it is true that in many crisis situations the crisis team members frequently do not include the particular teachers of the classrooms affected by the trauma. Because teachers are natural resources for providing empathy and the stability of a routine, it is recommended in this article that school psychologists strive for collaboration by involving teachers in planning and implementation.

Due to their expertise in both psychology and education, school psychologists are in a unique position to be particularly effective in providing School Crisis Response Training through consultation and inservices. By providing this training ahead of time, school psychologists will have teachers as a natural resource to call upon for crisis counseling assistance. In going through articles and reading materials that I have collected from NASP workshops, I noted that a classroom crisis counseling intervention model that seems to be particularly pragmatic, easy to teach, and effective is called Mini-marathon Groups, which was developed by L. C. Terr in 1992. Terr reported that after training and consultation, teachers are often able to take the leadership in classroom sessions.

According to Blom, Etkind, and Carr (1991), "Participatory and joint leadership can lead to an appropriate early return to power and ownership of the disaster to a school..." (p. 262).

The Mini-marathon Groups model contains the five components of: 1) providing facts and dispelling rumors, 2) sharing stories, 3) sharing symptoms, 4) empowerment, and 5) closure.



Providing facts and dispelling rumors – The first task of the crisis counselor is to provide students with the facts surrounding the crisis and to dispel rumors. Be brief, clear, and to the point. Even just playing the simple childhood game of Gossip results in distorted information, so you can imagine that a major problem in a crisis is that all kinds of rumors fly around. Therefore, it is vital that all facts be verified before releasing information. When you are conducting the inservice training, involve the teachers by having them brainstorm and discuss such questions as: What are some ways that facts can be gathered by classroom teachers and how can these facts be best communicated to the students? Sharing stories – It is important for persons to share their personal stories. You have noted that when reporters interview people on the news about a traumatic experience that they have undergone, the words just seem to pour out. Incessant talking is a common response when one is in shock and grief. Terr (1992) suggests beginning such a discussion by stating: "Each person who goes through an event, such as the one we have just experienced, has a story. We are going to tell as many of these stories as we can today. Who wants to start?" (p. 79). Through the telling of their stories, students begin to feel more connected to one another and less alone because of common experiences. This gives them added strength. In addition to asking children to verbally tell about their experiences, it is helpful to allow them to recount their experiences and express their feelings in other ways. Art activities and other types of creative activities are especially important for younger children who have not developed the skills to verbalize what has happened to them.

Sharing of symptoms – It is important to be knowledgeable of the common psychological and behavioral symptoms displayed by children following crisis events. Terr (1992) reports that asking students to share how they are reacting to the crisis can help further the classroom sense of a common experience and can help normalize these frightening reactions. This sharing should be combined with crisis intervener comments that their crisis reactions are a normal response to an abnormal circumstance and that in time these symptoms will begin to diminish. It is common for bereaved



individuals to experience shock, denial, anger, guilt, powerlessness, and depression. It is also common to have good days interspersed with bad days, which can be confusing. Trauma victims frequently wonder if they are going crazy. In discussing symptoms, it can be helpful to use Weinberg's (1990) metaphor of healing a wound to describe a crisis reaction. Ask the group what is necessary to heal a physical wound. When it becomes clear that if the wound is not cleaned out an infection will develop, lead the group to understand that a psychological wound must be cleaned out as well by releasing emotions so that an emotional infection will not develop. As in the healing of a physical wound, the healing of an emotional wound also takes time. This would be a good time to make students aware of referral procedures which would allow them to obtain individual crisis counseling if the symptoms do not eventually begin to diminish. Tell them who is available and when and where to find these people.

Empowerment – After students have shared with one another what has happened to them and how it is affecting them, the next step is to lead them to begin to participate in empowerment activities that will help them regain a sense of control over their lives. Perhaps one of the most frightening aspects of a crisis event is the feeling of losing control over ones own destiny. Empowerment activities assist crisis victims in regaining this sense of control. As Terr (1992) notes, the focus now shifts from symptom sharing to symptom solving. Teachers have been trained in generating brainstorming activities and can be helpful in facilitating empowerment activities. Especially helpful are those suggestions that allow students to take some form of immediate concrete action, especially in identifying strategies that they can use to help manage crisis symptoms. The importance of getting needed sleep, food, and exercise can also be stressed as ways in which students can help themselves to feel better. With facilitative assistance, students can help one another develop strategies to help manage their crisis symptoms.



Closure – The final step in classroom crisis counseling is for the crisis intervener to facilitate activities designed to help bring a sense of closure to the crisis. It is important to understand that closure does not mean that you forget it ever happened, but it means regaining hope and eventually being able to move on with ones life. Closure can include such things as memorial activities. Again, with the facilitation of the teacher, the students themselves can do an excellent job of developing closure activities. These activities usually involve some type of ceremony. On a personal note, I am from Oklahoma and I had the experience of going to the bombing site after the memorial activities began. There was something about seeing all the teddy bears, letters of compassion, etc. that was somehow soothing. I think it was the outpouring of faith, compassion, and caring amidst the evil that gave the survivors hope. There was a very large sign over the site which said God Still Reigns.

In concluding the Mini-marathon Groups model, the students should be told that while memories always remain, in time the pain associated with the memories will lessen and symptoms will abate. However, reassure students that, if needed, help will be available and reiterate the self-referral procedures. Also, praise the courage of this particular group in facing the current trauma and encourage them to look toward the future.



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